PATENT RESPONSE

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application:

09/683,921

Filing Date:

March 1, 2002

Inventor:

Timothy P. Goggins

Title:

Lenticular Bar Code Image

Examiner:

Kumiko Koyama

Art Unit:

2876

Attorney Docket:

NG-31336 (07845.0032)

Confirmation No.: Customer No.:

3798 022202 **GENTRAL FAX CENTER** 

MAY 1 8 2004

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## CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

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deposited with the U.S. Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 CFR 1.8(a)

37 CFR 1.10 with sufficient postage as first class mail - As "Express Mail Post Office to Addressee" Mailing Label No.

Transmission

transmitted by facsimile to Fax No. (703) 872-9306 addressed to Examiner Koyama at the O.S. Patent and Trademark Office.

Commissioner for Patents P.O. Box 1450

Alexandria VA 22313-1450

## RESUBMITTED RESPONSE

Dear Examiner Koyama:

Per our telephone conversation earlier today (i.e., May 18, 2004), you indicated that Applicant's Response, submitted on January 30, 2004 regarding the above-referenced patent application, has not yet been placed onto your docket. Per your recommendation, Applicant thus transmits herewith a copy of said Response, and respectfully directs your attention to a Fax Confirmation Sheet on page 1 thereof, indicating said January 30, 2004 transmission date. Accordingly, Applicant respectfully requests that you enter said Response into this case.

Respectfully submitted,

Registration No. 45,917

MKE/937985v1

W. H. D.

V1/3U/U4 17:41 FAX 414 224 5834

W. H. D.

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TRANSMISSION OK

MAY 1 8 2004

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OK

PATENT

Attorney Docket No. NG-31336

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Goggins, Timothy P.

Application No.

09/683,921

Filing Date

March 1, 2002

Title

Lenticular Bar Code Image

Examiner

Kumiko Koyama

Art Unit

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Confirmation No. :

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37 CFR 1.5(a)

37 CFR 1.10

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Transmission

trunsmitted by facsimile to Fax No. (703) 872-9306 addressed to Examiner Koyama at the U.S. Petent and Trademark Office.

Date: 1-30-09

Semidtle M. Justin

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. <u>Transmitted herewith is:</u>

Amendment Transmittal

Response

CENTRAL FAX CENTER

**PATENT** 

Attorney Docket No. NG-31336

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Goggins, Timothy P.

Application No.

09/683,921 March 1, 2002

Filing Date Title

Lenticular Bar Code Image

Examiner

Kumiko Koyama

Art Unit Confirmation No. 2876 3798

# CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

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#### Mailing

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37 CFR 1.8(a)

with sufficient postage as first class mail □ As "Express Mail Post Office to Addressee" Mailing Label No. \_\_\_

#### Transmission

trensmitted by fansimile to Fax No. (703) 872-9306 addressed to Examiner Koyama at the U.S. Patent and Trademark Office.

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

# AMENDMENT TRANSMITTAL

1. Transmitted herewith is: Amendment Transmittal

Response

## **STATUS**

2. Applicant is a small entity.

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2 IAITINI YTTA

USSN 09/683,921

Transmittal

## EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 CFR §1.136 apply.
  - [ ] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
  - [X] Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below [fees: 37 C.F.R. §1.17(a)(1)-(4)]:

	Extension (months)		or other than entity	Fee for small entity	
[ ] [ ] [X]	one months two months three months four months	\$ \$ \$ \$	110.00 420.00 950.00 1,480.00	\$ \$ \$ \$	55.00 210.00 475.00 740.00
				Fee:	\$ 475.00

If an additional extension of time is required, please consider this a petition therefor.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims R After Am	_		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	46	Minus	42	=	_4_ x 9= \$36	\$	x 18	\$ 36.00
Independ	ent 11	Minus	11	=	0 x 42= \$ 0	\$	_ х 86	\$ 0.00

## FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL	OT	TOTAL	
ADDIT. Fee \$		ADDIT, Fee \$ 36.00	)

- c. [ ] No additional fee for claims is required.
- d. [X] Total additional fee for claims required \$36.00

#### FEE PAYMENT

- 5. [X] Charge Deposit Account 23-2053 in the amount of \$\frac{\$511.00}{}\$ for any extension and/or fee required or credit for any excess fee paid.
  - [ ] Attached is a check in the sum of §

2

USSN 09/683,921

Transmittal

## FEE DEFICIENCY

6. [X] If any additional extension and/or fee is required, charge Account No. 23-2053. [X] If any additional fee for claims is required, charge Account No. 23-2053.

Date: <u>JANUARY 30,</u> 2004

Whyte Hirschboeck Dudek S.C. 555 East Wells Street, Suite 1900 Milwaukee, WI 53202-3819 (414) 273-2100 Customer No. 022202